2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 330567

Entity Name: MHI GROUP, INC.

FILED Apr 29, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
311 ELM STREET SUITE 1000 CINCINNATI, OH 45202						
Current Mailing Address:			New Mailing Address:			
2225 SHEPPARD AVENUE E.,ATRIA N.III,11 FL TORONTO ONTARIO M2J5-C2 CANADA, XX				259 YORKLAND ROAD TORONTO, ONTARIO CANADA, XX M2J5B2 XX		
FEI Number:	: 59-1214129 FEI Number Applied For () FEI Nu		FEI Num	mber Not Applicable () Cer		Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US						
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.						
SIGNATURE:						
	Electroni	c Signature of Registered Agent	•			Date
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS: ADI				ADDITIONS	S/CHANG	ES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip: Title: Name: Address:	TOTTLE, WILLIA 1100-2225 SHEF TORONTO, ON, VP () I MATHEWES, J.C 1680 METROPO	PPARD AVE E CA M2J 5C2 CA Delete C. O LITAN CIRCLE		Title: Name: Address: City-St-Zip: Title: Name: Address:	VP MATHEWES 1680 METR	AND ROAD ONTARIO CANADA, XX M2J5B2 XX (X) Change () Addition S, J.C. O OPOLITAN CIRCLE
City-St-Zip: Title: Name: Address: City-St-Zip:	ANGELES, AZAL 1100-2225 SHER	Delete EA K		City-St-Zip: Title: Name: Address: City-St-Zip:	AS ANGELES, A 259 YORKL	
Title: Name: Address: City-St-Zip:	P () HOUSTON, PAUL 1100 2225 SHEF TORONTO, ON M	PPARD AVE E		Title: Name: Address: City-St-Zip:		(X) Change () Addition PAUL A LAND ROAD ONTARIO CANADA, XX M2J5B2 XX
Title: Name: Address: City-St-Zip:	ST () LANGFORD, LAU 1100 2225 SHEF TORONTO, ON M	PPARD AVE E		Title: Name: Address: City-St-Zip:	ST LANGFORD 259 YORKL TORONTO,	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	D NEEMAN, E 259 YORKL TORONTO,	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAUREL J. LANGFORD ST 04/29/2005